



# ACCEPTABLE REFEREE FORM

## ACCOUNT HOLDER DETAILS (Name of signatory in full)

TAB Account Number:  Date of Birth:

Surname:  Given Name(s):

Account Holder's Signature:  Date:

## IDENTIFICATION DOCUMENTS

Please attach a copy of all identification sighted by the Acceptable Referee

### Group 1 Documents (Please tick) *One only required.*

Passport

Driver's Licence

Proof of Age Card

Document No:  Date of Issue:  Date of Expiry:  Date of Birth:

Address on Document (if Applicable):

Place/Country of Issue:

### Group 2 Documents (Please tick)

Birth Certificate

Birth Extract

Citizenship Certificate

Document No:  Date of Issue:  Date of Birth:

Place/Country of issue:

### Group 3 Document Information (Only used in conjunction with a Group 2 document)

1st Document	<input type="text"/>	2nd Document:	<input type="text"/>
Type of Document:	<input type="text"/>	Type of Document:	<input type="text"/>
Document Number:	<input type="text"/>	Document Number:	<input type="text"/>
Date of Issue:	<input type="text"/>	Date of Issue:	<input type="text"/>
Address (if Applicable):	<input type="text"/>	Address (if Applicable):	<input type="text"/>
Expiry Date:	<input type="text"/>	Expiry Date:	<input type="text"/>
Issued by/ Country of Issue:	<input type="text"/>	Issued by/ Country of Issue:	<input type="text"/>

## DETAILS OF ACCEPTABLE REFEREE

Full Name of Referee:  Phone Number:

Address:

Occupation:  Category of Referee:

I confirm that I have known the TAB customer above for a minimum of 12 months.

I acknowledge that I have examined the ID documents detailed above and can confirm that the name and address shown on the documents are the same as those belonging to the TAB customer.

Signature of Referee:  Date:

## **TYPES OF ACCEPTABLE REFEREE**

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1. A member of the Institute of Chartered Accountants
2. A member of municipal or local council
3. Permanent employee of the Commonwealth, State or Local Government with 5 years' service unless at executive level
4. An employee of a financial institution
5. A legal practitioner
6. A medical doctor, dentist, pharmacist, chiropractor, physiotherapist or a veterinary surgeon
7. A registered nurse
8. A judge
9. A minister of religion
10. A member of parliament
11. A notary public
12. A policeman
13. A manager of a post office or a permanent employee of Australia Post with 5 years' service
14. A full-time teacher or school principal
15. A justice of the peace
16. An officer of the Australian Defence Force

## **GROUP 1 DOCUMENTS**

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(Must be current)

Passport  
Driver's Licence  
Proof of Age Card  
Working with Children Check  
WA Learner's Permit Card

## **GROUP 2 DOCUMENTS**

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Birth Certificate  
Citizenship Certificate  
Centrelink Concession Card - Current  
Certified Copy of Birth Extract  
Licence to Perform High Risk Work (Work Safe WA Card)

## **GROUP 3 DOCUMENTS**

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(Must be issued within past 3 months)

Council Rates Notice  
Electricity Account  
Gas Account  
Fixed Line Phone Account  
Water Usage Account  
Water Rates Notice  
Australian Taxation Office - Notice of Assessment